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Filing Date

TRANSMITTAL

PTO/SB/21 (08-03)

10/029,042 12/19/2001

FURIVI			First Named Inventor	Neeman Malek						
(to be used for all correspondence after initial filing)			Art Unit		3677					
				Examiner Name	Thomas Y. Ho			.0		
Total Number of Pages in This Submission			22	Attorney Docket Number UBI071						
ENCLOSURES (Check all that apply)										
X Ame X Exte Expr Infor Certi	Fee Attached X Amendment/Reply After Final Affidavits/declaration(s)			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): detailed return post card			on to Board erences on to Group teply Brief) n	
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				F APPLICANT, ATTORNE	Y, OF	R AGEN	Γ			
Firm Robert A. Seemann 89 Earl Ave., Han Signature					No.	29,85	7			
Date		Dear	<u> </u>	2 2 2211						
Date December 30, 2004										
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Express Mail Label No. ER 410390788 US										
Typed or printed name Robert A. Seemann										
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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known							
Application Number	10/029,042						
Filing Date	12/19/2001						
First Named Inventor	Neeman Malek						
Examiner Name	Thomas Y. Ho						
Art Unit	3677						
Attorney Docket No.	UBI071						

										
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
X Deposit Account Deposit Account Number: 19-1109 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Tharge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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information and authorization			realt card inform	ation should i	tot de included	on this form. F	rovide credit card			
FEE CALCULATION										
1. BASIC FILING, SEA	RCH, AND	EXAMINATION	ON FEES							
·	FILING	FEES	SEARCH			TION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	<u>S</u> Fee (\$)	mall Entity Fee (\$)	<u>S</u> Fee (\$)	imall Entity Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100	<u>~~~~</u>			
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500		600					
Provisional	200			250		300				
		100	0	0	0	0	Small Entity			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (50	25			
Each independent cla		(including Re	issues)			200	100			
Multiple dependent of		F #	n)	1.1.465		360	180			
Total Claims 20	Extra Clair	ns <u>Fee (</u>	Fee Pa	<u>ia (\$)</u>		***************************************	ependent Claims			
HP = highest number of tota		or, if greater than	20.			Fee (\$)	Fee Paid (\$)			
Indep. Claims 7	Extra Clair	ns Fee (\$) Fee Pai	id (\$)						
HP = highest number of inde	nendent claim	XX	torthan 3							
3. APPLICATION SIZE		o paid ioi, ii gica	iei dian 5.							
If the specification and										
						all entity) for	each additional 50			
sheets or fraction the Total Sheets	nereof. See Extra She	<u>ets Nui</u>	nber of each a	dditional 50	<u>or fraction the</u>		(\$) <u>Fee Paid (\$)</u>			
- 100 =		/ 50 = _	(rc	ound up to a	whole number) ×	= <u></u> _			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filin	g surcharge	e):			See PT	OLEBI	22			

SUBMITTED BY						
Signature	MC.	4	Registration No. 29,857	Telephone2 (3-2	88-2122
Name (Print/Type)	Robert A.	Seemann		Date /2/.	20/	2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.